

**Collaborative to Improve
Pneumococcal Immunization Rates in Hawaii
Flu & Pneumonia Task Force**

Task Force Activity Summary as of July 2, 2002:

Organization Formation

The 1999 Behavioral Risk Factor Surveillance System (BRFSS) ranked Hawaii 18th in the nation, at 55.8%, for persons 65 years of age and older who received a pneumonia shot to protect them against Pneumococcal disease. In response to this information representatives from organizations interested in the prevention of vaccine preventable diseases had a side bar discussion at the end of a Hawaii Immunization Coalition meeting. They decided that a meeting of organizations interested in these immunizations in Hawaii would be the first step to address this issue.

The first meeting was held on January 8, 2001, at HMSA. The participants represented the following organizations:

1. State of Hawaii, Department of Health – Hawaii Immunization Program (DOH/HIP)
2. State of Hawaii, Department of Health – Diabetes Control Program - (DHDCP)
3. Health Care Financing Administration – HCFA (2002 name changed to Centers for Medicare & Medicaid Services (CMS))
4. Mountain Pacific Quality Health Foundation – (MPQHF) Quality Improvement Organization for the Medicare Program in Hawaii, Guam, CNMI, American Samoa
5. Hawaii Medical Service Association – HMSA – Largest Health Insurer in Hawaii
6. Castle Community Care (Castle Home Care)
7. Merck Pharmaceuticals – Vaccine Division

The results of this meeting were as follows:

1. Judy Strait-Jones of the DOH/HIP agreed to chair the meetings and provide email list service communication with the members between the meetings.
2. That we would be called the Flu & Pneumonia Task Force and that our first issue would be to address why 44.2% of eligible persons in Hawaii had not been immunized for Pneumococcal disease. Understanding that this disease kills up to 40,000 persons a year in the United States (U.S.), including one person a day in Hawaii, the group then created the Pneumococcal Working Team.
3. The group agreed to utilize the same message to describe the vaccine and the indications for its use in all its communications with the general public and clinical communities.
4. The group agreed that they needed to be aware of all statewide immunization campaigns addressing PPV23. One goal of the group was to avoid duplication of interventions to achieve maximum efficiency in resource utilization and avoid confusing the community with multiple messages.
5. The group agreed to meet initially every 2 weeks at the MPQHF conference room.
6. The group shared the current and most recent activities their organizations had implemented to address Pneumococcal Immunizations.

By February 27, 2001 the group had grown and now included representatives from:

1. Wyeth - Lederle Vaccines
2. Hawaii Pharmacists Association
3. Legal Aid
4. Kaiser Permanente / Quest
5. InCo Associates

Initial Findings and Message Clarification for first campaign:

After compiling, analyzing and synthesizing current resources and past media campaigns it was decided that a need for clarification regarding the *Pneumonia Shot* in both the public and clinical communities was warranted in Hawaii.

Information obtained in discussion with clinical providers and individuals in the community indicated a need to separate the Pneumonia shot from the Flu shot. Some of those interviewed thought they could only get the pneumonia shot when they got the flu shot and some lay people actually thought the flu shot was the pneumonia shot. Consequently the group decided to design the campaign to clearly state that a person could get their pneumonia shot any time of the year and not just when they got a flu shot.

One other major decision that the group needed to agree upon was what to call the pneumococcal immunization shot. Up to this point everyone called it the pneumonia shot which was thought to be misleading by some members since the vaccine is for the prevention of Pneumococcal Disease, which among other conditions includes Pneumococcal Pneumonia but does not include pneumonia caused by other bacteria. This inconsistency was thought to be, by some in the group, as one of the reasons for the low rates of coverage throughout the state and nation. After discussion with various specialists it was decided to continue to promote the term *Pneumonia shot* and explain in the materials the organisms and conditions targeted by the vaccine.

With these two major issues resolved the group decided to initiate work on an educational campaign directed toward clinical providers and persons eligible to receive the *Pneumonia shot*. Eligible persons as being defined in the Centers for Disease Control (CDC) guidelines for immunization as individuals being 65 years of age and above and those below the age of 65 with a chronic disease.

Campaign Approach:

A multi-media education campaign was designed and implemented. Working team member organizations contributed funds on a project-by-project basis. Due to different member organization structures and policies, funds were not co-mingled. The group decided to repeat the same message and visuals utilizing a grandfather and grandson relationship in different media used. It was felt that this type of "branding" would be an effective means of promoting retention of the message by the target population. The group did implement some Influenza strategies during this time period, but these strategies are not addressed in this evaluation.

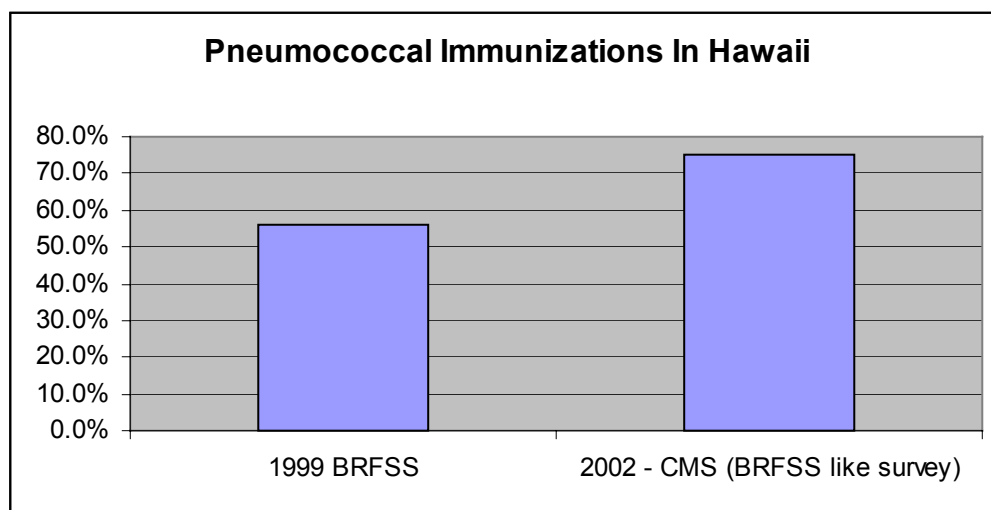
A table of strategies that were implemented follows.

Pneumonia Task Force Interventions
January 2001 – June 2002

Interventions	Description	Frequency / Results	Funded by
Bus cards	Honolulu Transit Authority placed cards June and July 2001	3,253 advertising space on Oahu Placed in 500 buses on Oahu and 24 Hawaii buses reaching approximately 200,000 riders.	DOH/HIP
Pneumonia Shot Brochure	Designed, printed, 4 color 3-fold brochure. Brochure mailed to 132,000 Medicare beneficiaries and 2,500 brochures with a cover letter to immunization providers statewide in Hawaii	Several other thousand produced and distributed to the community	MPQHF
Live telephone follow-up to mail out	Health educator took calls and answered questions.	123 Calls from June 4- July 1, 2001 Call coverage continues	DOH/HIP
TV spots	Pneumococcal Specific spots and separate Influenza spots ran later. TV airtime, 30 second spots, 5 TV stations, state wide.	4 month run total reaching 136,000 viewers.	MPQHF
Newsletter articles & editorials	Hawaii Senior Lifestyles magazine. Distribution: 20,000. Aloha Pumehana. Distribution: 3,000. Quality Review Newsletter for Health Care Providers: Distribution: 2,500 physicians and hospitals.	250 design Distribution – in kind services	InCo Associates. Senior Lifestyles magazine pro bono.
Posters	11x17, 4 color, 10,000 posters. Designed & printed for earlier inter generation campaign (1999-2000)	Design, printing, distribution - in kind services	DOH/HIP
Pneumococcal immunization information packets	500 2- lb packets mailed to senior organizations, pharmacists, home health agencies, low income housing	1,250 postage Editing & printing of cover letter 200 envelopes Collating services	CMS Kaiser Permanente DOH/Diabetes MPQHF All members
Bag stuffers	Pneumococcal specific information sheets. Distributed to big box retailers statewide.		DOH/HIP DOH/HIP
Radio spots	Radio publicity. Immunization message translated information into languages other than English (Samoan, Tagalog, Ilokano, Spanish)	1,025.00 translation & air time	DOH/HIP
Radio interviews	Radio publicity. Immunization message provided via live interviews that were taped for later distribution. English, Laotian, Samoan, Spanish, and Vietnamese.		DOH/HIP DOH/Diabetes Kaiser Permanente KNDI Radio Station
Resource list, "Where to get your flu & pneumonia shots"	Resource list widely distributed via print and electronic mediums and through press releases. Statewide.		DOH/HIP
Media releases	Press releases distributed through Hawaii State Dept of Health Communications Offices. Statewide.		DOH/HIP
Senior Fair	Distribution of immunization materials to senior audience attending the fair. Assist with flu/pneumonia clinics. Answer questions as needed. Audience: Medicare Part B beneficiaries		All TF members
TF letterhead	Design and printing of TF letterhead.		DOH/Diabetes

Campaign Evaluation: The group decided to utilize sources available that would provide consistent data for the pre and post campaign time periods.

- MPQHF provided data supplied by CMS. The baseline data is from the 1999 BRFSS and the remeasurement data was obtained during January and February 2002. The Centers for Medicare and Medicaid Services (CMS) contracted with an outside organization to conduct a BRFSS like survey throughout the nation to determine the 2002 coverage rates for Pneumococcal and influenza Immunizations. Primarily CMS conducted the survey at this time to assist in its evaluation of the effectiveness of the Quality Improvement Organizations in all-50 states, Puerto Rico, and Washington D.C.
- This survey **ranked Hawaii 1st in the nation**, at 74.9%, **for Pneumococcal** immunizations for persons 65 years of age and older. Data that was collected was self-reported, based on 1,000 randomly-dialed telephone calls statewide.
- Currently we have not received any other data that will assist us in evaluating individual interventions or the overall campaign. A request was made to HMSA and Kaiser Permanente for any data they are able to share with the group for the time periods indicated.



Based on these results it can be said that awareness surrounding pneumococcal disease and the pneumonia shot has increased dramatically. Task Force campaign strategies may have also improved pneumococcal vaccination coverage rates. Consequently it can be postulated that collaboration between organizations with similar goals is an effective process for improvement of immunization rates.

If HMSA and Kaiser Permanente billing and encounter data for pneumococcal pneumonia vaccinations can be charted month-by-month comparing implemented strategies, it may be possible to determine which strategies have been most effective during the campaign period.

Areas needing Improvement

- Agencies were new to the process of partnering and underestimated the necessity of creating a Memorandum of Agreement (MOA) that would define decision-making when developing interventions.
- The group was ready to work at the first meeting in building a campaign that would work. This enthusiasm overshadowed the need to develop memorandums of agreement with all the participating organizations. Clear lines of communication and rights of member organizations are critical to effectively implementing strategies that work. If all member organizations have review rights for documents and products, an accurate campaign can be developed with a minimum of conflict.

Solutions to address the Barriers

- Prior to resumption of activities, a clear line of communication should be developed and implemented.

Next Steps

- Even though the CMS/BRFSS survey (January/February 2002) ranks Hawaii as number one in the nation for pneumococcal immunization, a large number of persons – at least 25% of the targeted population -- remain unprotected against this deadly disease. Consequently there remains much work to do until both influenza and Pneumococcal immunization coverage rates reach 100%. The task force will investigate and implement other opportunities to improve these rates in the coming year, among them access to vaccine issues that surfaced during the campaign.